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<input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____

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of paralegal review | <input type="checkbox"/> PCT/IB/306
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RECEIPTS FROM THE APPLICANT (other than checked above):

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| <input checked="" type="checkbox"/> Basic National Fee (or authorization to charge)

<input type="checkbox"/> Description <u>10</u> <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract

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<input type="checkbox"/> Translation of Article 19 Amendments
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1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____

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<input type="checkbox"/> Oath/ Declaration (executed)
<input checked="" type="checkbox"/> Oath/ Declaration <input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship <input type="checkbox"/> other
<input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing
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Date of Completion of DO/ EO 916 - Notification of Defective Response

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Applications Containing Nucleotide and/or Amino Acid Sequence Disclosures

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